2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 30, 2005 8:00 am
Secretary of State
03-30-2005 90044 001 ****70.00

DOCUMENT # N02000000484

1. Entity Name
LAKE ELLEN WALK ASSOCIATION, INC.

Principal Place of Business	Mailing Address
3974 TAMPA RD B OLDSMAR, FL 34677	16105 N FLORIDA STE A LUTZ, FL 33549

03032005 Chg-NP CR2E037 (10/03)

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 01-0644328 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

SPIVEY, WILLIAM
16105 N FLORIDA
STE A
LUTZ, FL 33549

7. Name and Address of New Registered Agent

Name STEVEN MEZER
Street Address (P.O. Box Number is Not Acceptable) 220 S. FRANKLIN
City TAMPA FL Zip Code 33602

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ STEVEN H. MEZER 3/16/05
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2005

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD ANNARELLA, JOHN 16105 N FLORIDA AVE STE A LUTZ, FL 33549	☐ Delete	VD 16105 N. FLORIDA #A LUTZ FL 33549	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V ANDERSON, PAUL 16105 N FLORIDA AVE STE A LUTZ, FL 33549	☒ Delete	PD JOHN PIRKO 16105 N. FLORIDA #A LUTZ, FL 33549	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S REIMER, EMILY 16105 N FLORIDA AVE STE A LUTZ, FL 33549	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD SMITH, NAN 16105 N FLORIDA AVE STE A LUTZ, FL 33549	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ROELING, KARYN 16105 N FLORIDA AVE STE A LUTZ, FL 33549	☒ Delete	D LAURI PLANZ 16105 N. FLORIDA #A LUTZ, FL 33549	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: John Pirko JOHN PIRKO President 3/25/05 8139636174
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #